

SERIAL NUMBER 09/437,410	FILING DATE 11/10/1999	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO L-F/168DV3
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APPLICANT
CHARLES S NEER, MILFORD, OHIO; JOHN N MINNICH, LOCKLAND, OHIO.

CONTINUING DOMESTIC DATA***
 VERIFIED THIS APPLN IS A DIV OF 09/189,470 11/10/1998 PAT 6,004,292
 WHICH IS A DIV OF 08/753,288 11/22/1996 PAT 5,868,710
SK

371 (NAT'L STAGE) DATA***
 VERIFIED
SK

FOREIGN APPLICATIONS***
 VERIFIED
SK

FOREIGN FILING LICENSE GRANTED 12/09/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWINGS 0	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and acknowledged Examiner's Name Initials					

ADDRESS
THOMAS W HUMPHREY
WOOD HERRON & EVANS
2700 CAREW TOWER
CINCINNATI , OH 45202

TITLE
MEDICAL FLUID INJECTOR HAVING FACE PLATE WITH MAGNETIC CONDUCTORS

FILING FEE RECEIVED \$**760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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FILE COPY



Bib Data Sheet



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COMMERCE**

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SERIAL NUMBER 09/437,410	FILING DATE 11/10/1999 RULE -	CLASS 604	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. L-F/168DV3
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APPLICANTS

CHARLES S. NEER, MILFORD, OH ;
JOHN N. MINNICH, LOCKLAND, OH ;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 09/189,470 11/10/1998 PAT 6,004,292
WHICH IS A DIV OF 08/753,288 11/22/1996 PAT 5,868,710

**** FOREIGN APPLICATIONS *******

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/09/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 13	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____			

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TITLE

MEDICAL FLUID INJECTOR HAVING FACE PLATE WITH MAGNETIC CONDUCTORS

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit